Miami-Dade County Occupational License Application Form

Miami-Dade County Occupational License To apply in person: 140 W. Flagler St., Room 101 To mail: 140 W. Flagler St., Room 1407 Miami, FL 33130 Phone: (305) 270-4949; Fax (305) 372-6368 Date: 1. BUSINESS INFORMATION: (See instructions a. Business Name:	
b. Business Address:	Zip:
c. Office Store Warehouse d. Mailing Address:	Home/Apt
f. President's Name:	
	Social Security #:
h. Commencement Date:	Phone #: () Ext
2. NATURE OF BUSINESS:	
	ment/ Rooms/ Restaurant nes: Apts.: Seats:
3. We respectfully request your cooperation in answering the following: 1) Gender:FemaleMale 2) Ethnicity:Native AmericanAfrican AmericanWhiteAsianHispanicOther (Please print) Applicant's Name Applicant's Title	
Applicant's Signature	Driver's License Number and State
 1a. Applicants not using full legal name must present fictitious name and/or Corporate Documents. 1b. If the business is located within a City, a City License is required; those businesses located in the unincorporated area must obtain a certificate of use from Planning & Zoning Department. 1c. Check the appropriate box. 1d. Fill in if different from business address. 1e. A copy of the certificate of registration of the corporation must be submitted. 1g. Copy of Social Security Card or Federal (Employer) Identification Card. 2. If your business is regulated by a State or County Agency, you must present copy of your current license or certificate. See Occupational License Categories for requirements. 	

All information provided by the taxpayer will become part of the public records except the SSN, which is protected by the confidentiality law of the State of Florida. [Rev. 10/14/2004]